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| SAMPLE LETTER | | | | | | | | |
| REPORT NOT ACCEPTED | | | • | | | | , | |
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| NAME OF FACILITY | | | | | | | | |
| ADDRESS | | | | | | | | |
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| DEAR ADMINISTRATOR: | | | | | | | • | |
| After reviewing the attached allegation(s exploitation within the scope of KRS 209 information or new information becomes a decision. | . At this time the D | enariment | ' wall not be co | andiictina aa | | ion If | bassa as | 4-1:4:1 |
| Thank you for your assistance. | | | | | | | | |
| | | Sincen | ely, | | | The state of the s | | |
| | | Worke | r's Name | • | | | | |
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| cc: Commissioner, Department for Mental | Health/Mental Retar | dation | | | | | | |
| cc: Commissioner, Department for Mental | Health/Mental Retar | dation | | | | | | |